



State of New Jersey

DEPARTMENT OF CORRECTIONS
WHITTLESEY ROAD
PO BOX 863
TRENTON NJ 08625-0863

RECEIVED

FEB 21 2020

AT 8:30 M
WILLIAM T. WALSH
CLERK

PHILIP D. MURPHY
Governor

Shelia Y. Oliver
Lt. Governor

MARCUS O. HICKS, ESQ.
ACTING COMMISSIONER

December 4, 2019

Gerry Caridad SBI 810663D
New Jersey State Prison
P.O. Box 861
Trenton, NJ 08625

Re: OPRA Request – Tracking # 17316

Dear Mr. Caridad:

The Department of Corrections has received your Government Records Request. Your request has been assigned Request ID No. 17316 for tracking purposes. You submitted a request for copies of the following records:

1. Reports related to June 3, 2019 cell extraction
2. Medical Records related to this incident
3. Names, badge number, rank of every officer involved (Vick, , Briggs, ,)
4. Nurse Statements
5. Camera footage
6. Pictures of face

In response to item # 1, my office has been provided with 21 pages of records. These records will be redacted prior to release pursuant to NJSA 47:1A-1.1 "emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or person therein", NJSA 47:1A-1.1 "security measures and surveillance techniques which, if disclosed, would create a risk to the safety of persons [or] property", NJAC: 10A:22-2.3(a)(4) any information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation, NJAC: 10A:22-2.3(a)(5) a report or record relating to an identified individual which, if disclosed, would jeopardize the safety of any person or the safe and secure operation of the correctional facility or other designated place of confinement, and NJAC 10A:22-2.3(b) an inmate shall not be permitted to inspect, examine, or obtain copies of documents concerning any other inmate.

Records for item # 2 & 4 are exempt from disclosure pursuant to NJAC 10A:22-2.3(a)(4) any information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation. *However, you may file form MR-022 with the Medical Department in an attempt to access these records.*

For item # 3, to the extent that you have not identified specific officers, my office cannot determine who was "involved" and therefore this portion of your request cannot be fulfilled pursuant to MAG Entertainment LLC v. Division of Alcohol Beverage Control, 375 N.J. Super. 534 (App. Div. 2005). My office has been provided a 1 page

Gerry Caridad SBI 810663D -
OPRA 17316
December 4, 2019
Page 2

record for those officers you identified by name. Please note no record was identified for ~~_____~~ or ~~_____~~. Also badge numbers would be exempt from disclosure pursuant to NJSA 47:1A-10 Personnel and pension records.

Records for item # 5 are exempt from disclosure pursuant to NJSA 47:1A-1.1 "emergency or security information or procedures for any buildings or facility which, if disclosed, would jeopardize security of the building or facility or person therein", NJSA 47:1A-1.1 "security measures and surveillance techniques which, if disclosed, would create a risk to the safety of persons [or] property", NJAC: 10A:22-2.3(a)(14) Surveillance footage of areas located within a correctional facility's secured perimeter and the precedent set in Gilleran v. Township of Bloomfield 2016 NJ Lexis 1274 (2016).

No records were provided for item # 6.

You have incurred a fee of \$ 1.10 for the available documents. You must complete the enclosed OPRA Records Request Payment Notification and Authorization Form and forward it to the New Jersey State Prison Business Office. Upon submission of the form to the Business Office, the copy fee will be deducted from your inmate account. Once we have been notified of your payment, the documents will be provided to you.

You have a right to challenge the decision by the Department of Corrections. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint in writing with the Government Records Council (GRC). You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The Council can also answer other questions about the law.

Sincerely,


John Falvey
Records Custodian

c.: OPRA Records File



State of New Jersey

DEPARTMENT OF CORRECTIONS
WHITTLESEY ROAD
PO Box 863
TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

Shelia Y. Oliver
Lt. Governor

MARCUS O. HICKS, ESQ.
ACTING COMMISSIONER

November 27, 2019

Gerry Caridad SBI 810663D
New Jersey State Prison
P.O. Box 861
Trenton, NJ 08625

Re: OPRA Request – Tracking # 17316


Dear Mr. Caridad:

The Department of Corrections has received your Government Records Request. Your request has been assigned Request ID No. 17216 for tracking purposes. You submitted a request for copies of the following records:

1. Reports related to June 3, 2019 cell extraction
2. Medical Records related to this incident
3. Names, badge number, rank of every officer involved
4. Nurse Statements
5. Camera footage
6. Pictures of face

My office is still awaiting the results of a search. I will update by December 13, 2019.

Sincerely,


John Falvey
Records Custodian

c.: OPRA Records File



State of New Jersey

DEPARTMENT OF CORRECTIONS

WHITTLESEY ROAD

PO BOX 863

TRENTON NJ 08625-0863

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

MARCUS O. HICKS, ESQ.
Acting Commissioner

December 23, 2019

Gerry Caridad SBI#: 810663D
New Jersey State Prison
P.O. Box 861
Trenton, New Jersey 08625

Re: OPRA Request – Tracking # 17316

Dear Mr. Caridad:

The Department of Corrections has received your payment for the government records identified by Request ID No. 17316. A copy of the record(s) requested is enclosed.

Sincerely,


John Falvey
Records Custodian

c.: OPRA Records File

NJ Department of Corrections OPRA RECORDS REQUEST PAYMENT NOTIFICATION and AUTHORIZATION



Resident Inmate Request

OPRA Request
Tracking No.:

FOR OFFICE USE ONLY

17316

Date:

December 4, 2019

PAYMENT NOTIFICATION

In order to process a Records Request, prepayment of all associated costs is required.

☒ Based upon the fee structure indicated at N.J.A.C. 10A:1-1.4, the **copying cost** associated with the Records Request is \$ 1.10

☐ The Records Request will involve **extraordinary costs** to complete in the amount of \$ _____. The extraordinary costs are the result of: _____

**Prepayment of these costs is required prior to the release of the requested records.
If there are not sufficient funds in your account, your request will be denied.**

PAYMENT AUTHORIZATION

To the Business Office: I authorize the deduction of \$ 1.10 from my account to prepay costs associated with this OPRA Records Request.

Inmate Signature: [Signature]

Date: 12/9/19

Inmate Name: Gerry Caridad, SBI#: 810663D

Inmate Number: Booking # 845599

Location/Wing: NJSP, 3-B-L, North compound
Cell-15

Witness: _____

Forward to the Business Office following OPRA Liaison Approval

BUSINESS OFFICE USE

Note: When processing the deduction from iTAG, please indicate the **OPRA Tracking Number** as a reference.

☒ On December 11, 2019, the Business Office deducted \$ 1.10 from the inmate's account for costs associated with an OPRA Records Request.

Business Office: Enter GL Transaction number generated from iTAG: 22402347

☐ Sufficient funds did not exist in this inmate's account to process the payment. **Request Denied**

Business Office: Forward this form directly to the OPRA Liaison

OPRA LIAISON USE

☒ Attached are the records you requested. This copy of the Payment Notification and Authorization Form shall serve as your receipt.

☐ Sufficient funds did not exist in your account to prepay the costs. **Request Denied**

OPRA Liaison Signature: _____

Date: 12/23/19

1. Officer Vick Eugene (SCPO) Badge # 3043

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

3. Officer Briggs Rondell (SCPO) Badge # 3487

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

~~XXXXXXXXXX~~ ~~XXXX~~ ~~XXXXXX~~

2. officer. Piszcz, P, Badge # 4573

4. officer. MUNOZ, E, Badge # 3480

5. officer. San Juan, C, Badge # 2478



State of New Jersey
DEPARTMENT OF CORRECTIONS
SPECIAL CUSTODY REPORT

CUS-100
Effective
11-08
Page 1 of 2

NSP

Correctional Facility

To: Majors complex Control #: 19-8289E

Subject: Tier Extraction

Date of Incident: 6/3/19 Time of Incident: 1530hrs

Location: 4 wing 3rd tier

Staff / Inmate Involved: Ofc E. Vick 3043 / Inmate caridad #810643D

Describe Incident: On the above date and time
I officer E. Vick was on the
five man suit up team. I was
assigned to the right arm. Under
the supervision of Sgt. D. Hamlett
the five man team went to secure
inmate caridad #810643D, inmate caridad
began to resist and fight back. Inmate
caridad #810643D was given multiple orders to
comply. Inmate # caridad #810643D was secured.
Then inmate caridad #810643D was decontaminate
and taken to AGSU medical. Then
inmate caridad #810643D was taken to
main medical and seen by medical and
then taken to infirmary and placed in
cell 104.

Print Name:

E. Vick

Signature:

E. Vick

Print Title:

officer

Badge #:

3043

Date of Report:

6/3/19

Time of Report:

1750

SPECIAL CUSTODY REPORT (Con't)

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Page 2 of 2

Immediate Supervisor's Actions / Comments:

As noted

Print Name:

D. Hamlet

Signature:

[Signature]

Print Title:

ST

Date Received:

6/3/19

Time Received:

1800

Shift Commander's Actions / Comments: *(This section is not to be left blank.)*

[Signature]

Print Name:

[Signature]

Signature:

[Signature]

Print Title:

[Signature]

Date Received:

06/03/19

Time Received:

1800

Correction Major Comments:

Print Name:

Signature:

Print Title:

Date Received:

Time Received:



State of New Jersey
DEPARTMENT OF CORRECTIONS

SPECIAL CUSTODY REPORT

Northern State Prison
Correctional Facility

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Page 1 of 2

AP

To: Majors Complex Control #: 19-82890

Subject: Tier Extraction ~ inmate Caridad #810663D

Date of Incident: 6-3-2019 Time of Incident: 1530

Location: 4 wing

Staff / Inmate Involved: Officer E. Munoz / Inmate Caridad #810663D

Describe Incident: On the above date and approximate time I, Officer E. Munoz, was part of a five man suited up team for the tier extraction of inmate Caridad #810663D.

I was the number 2 man on the suited up team and was in charge of securing his left arm.

I then assisted with putting cuffs on his left hand. I struck inmate Caridad #810663D in the head and the mid section of his body to gain compliance. The inmate was then escorted from the tier to the shower to get decontaminated. He was then escorted to the ACSU Medical station, where he was evaluated and cleared by medical staff. He was then escorted to Main Medical where he was seen by medical staff. He was cleared and admitted to the infirmary and placed in cell 104. The escort was done under the supervision of Sergeant Hamlett.

Print Name: E. Munoz

Signature: [Signature]

Print Title: Officer

Badge #: 3480

Date of Report: 6-3-2019

Time of Report: 1910

SPECIAL CUSTODY REPORT (Cont)

CUS-100
Effective
1-1-08
Page 2 of 2

Immediate Supervisor's Action's / Comments:

As sub

Print Name:

BSL

Signature:

[Signature]

Print Title:

LT

Date Received:

6-3-19

Time Received:

1950

Shift Commander's Action's / Comments: (This section is not to be left blank.)

PLACED SUB EVIDENCE
IN CUBEN

Print Name:

[Signature]

Signature:

[Signature]

Print Title:

Date Received:

06/03/19

Time Received:

1950

Correction Major Comments:

Print Name:

Signature:

Print Title:

Date Received:

Time Received:



State of New Jersey
DEPARTMENT OF CORRECTIONS
SPECIAL CUSTODY REPORT

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 Page 1 of 2

19

NSP

Correctional Facility

To: Major's complex

Control #: 19-8289c

Subject: Tier Extraction

Date of Incident: 6/3/2019

Time of Incident: 1530

Location: 4W- 3rd Tier

Staff / Inmate Involved: Ofc Briggs/Inmate Caridad #810663D

Describe Incident: On the above date and approx. time
this officer was part of the five man suit up
team under supervisor of SGT. Hamkitt. As number
one (1), this officer was responsible for handling the shield
and securing inmate Caridad #810663D head. Inmate
Caridad was given orders to comply but refused
and was sprayed with OC. I struck inmate
Caridad with the shield. The remaining members
of the extraction team secured inmate Caridad and
brought him to the shower for decontamination. He
was then escorted to ACSU medical for evaluation,
then to main medical and cleared. Inmate Caridad
#810663D was then taken to the infirmary, stripped
and placed in cell 104, without incident.

Print Name: Briggs

Signature: RB Briggs

Print Title: Ofc

Badge #: 3487

Date of Report: 6/3/2019

Time of Report: 1750

SPECIAL CUSTODY REPORT (Con't)

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Page 2 of 2

Immediate Supervisor's Actions / Comments:

As noted

Print Name:

D. Hamlett

Signature:

D. Hamlett

Print Title:

Sgt

Date Received:

6/3/19

Time Received:

1830

Shift Commander's Actions / Comments: (This section is not to be left blank.)

CRITER

Print Name:

W. F. Brown

Signature:

W. F. Brown

Print Title:

IS

Date Received:

06/03/19

Time Received:

1950

Correction Major Comments:

Print Name:

Signature:

Print Title:

Date Received:

Time Received:



State of New Jersey
DEPARTMENT OF CORRECTIONS
SPECIAL CUSTODY REPORT

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NSP
Correctional Facility

To: Major Complex Control #: 19-8289 G

Subject: ACSU 4 Wing Tier extraction

Date of Incident: 6.3.19 Time of Incident: 1530

Location: 4 Wing

Staff / Inmate involved: I/m Caridad #810663D

Describe Incident: On the above date and time, I OFC. C. Sanjuan
was part of a 5 man suit up team for the extraction of
I/m Caridad. My number on the team was 5. I grabbed
and twisted his ankle to gain compliance. I then secured
the right leg. I/m was escorted from the tier to the 4 wing
shower on the 100 level for decontamination. He then
was escorted to ACSU medical for evaluation. Once cleared
I/m was escorted to main medical. After being cleared
he was escorted to the infirmary cell #104 where
he was searched and stripped. The extraction was done
under the supervision of Sgt Hamlet.

Print Name: C. Sanjuan

Signature: [Signature]

Print Title: OFC

Badge #: 2478

Date of Report: 6.3.19

Time of Report: 1745

SPECIAL CUSTODY REPORT (Cont)

CUS-100
Effective
11-08
Page 2 of 2

Immediate Supervisor's Actions / Comments:

As noted

Print Name:

D. Harrell

Signature:

[Signature]

Print Title:

Sgt

Date Received:

6/3/19

Time Received:

1800

Shift Commander's Actions / Comments: (This section is not to be left blank.)

[Signature]

Print Name:

[Signature]

Signature:

[Signature]

Print Title:

LT

Date Received:

06/03/19

Time Received:

1952

Correction Major Comments:

Print Name:

Signature:

Print Title:

Date Received:

Time Received:



State of New Jersey
DEPARTMENT OF CORRECTIONS
SPECIAL CUSTODY REPORT

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APR

NSP
Correctional Facility

To: Majors Complex

Control #: 19-8289F

Subject: ACSU 4wing Tier Extraction

Date of Incident: 6-3-19

Time of Incident: 1530

Location: 4wing 3 tier

Staff / Inmate Involved: OFC P. Piszcz #4573, Inmate Caridad #810663P

Describe Incident: On the above date and time, I OFC P. Piszcz was part of a 5man suit up team for the extraction of inmate Caridad #810663P, my number on the team was 4. I struck Inmate Caridad in the left leg to gain compliance. Afterwards, I put the leg irons on his left ankle. Inmate was escorted from the tier to the 4wing shower on the flats for decontamination. Then was escorted to ACSU medical for evaluation, once cleared. Inmate Caridad was escorted to Main medical. After being cleared in Main medical, he was escorted to the infirmery cell 104 for placement. All this was done under the supervision of Sgt. Hamlett. End of report.

P.P.

Print Name: P. Piszcz

Signature: [Signature]

Print Title: OFC

Badge #: 4573

Date of Report: 6-3-19

Time of Report: 1745

SPECIAL CUSTODY REPORT (Cont)

CUS-100
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Page 2 of 2

Immediate Supervisor's Actions / Comments:

As noted

Print Name:

D. Hanley

Signature:

[Signature]

Print Title:

St

Date Received:

6/2/19

Time Received:

1800

Shift Commander's Actions / Comments: (This section is not to be left blank.)

[Signature]

Print Name:

[Signature]

Signature:

[Signature]

Print Title:

06/03/19

Date Received:

Time Received:

1950

Correction Major Comments:

Print Name:

Signature:

Print Title:

Date Received:

Time Received:



State of New Jersey
DEPARTMENT OF CORRECTIONS

CUS-100
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Page 1 of 2

SPECIAL CUSTODY REPORT

Northern State Prison
Correctional Facility

To: Major's Complex

Control #: 19-8289A

Subject: Camera Recording of Tier Extraction

Date of Incident: 6/3/19

Time of Incident: 1530

Location: 4 Wing - 3 Tier, ACSU Medical, Main Medical, Infirmary Cell 104

Staff / Inmate Involved: Sgt. C. Underwood 1673, Sgt. Hamlett 1714, I/M Caridad 8106630

Describe Incident: On the above date and approximate time, I Sgt. Underwood video recorded the Tier extraction on 3 Tier of ACSU of Inmate Caridad 8106630 from 4 wing, to ACSU medical, to Main medical, to Infirmary cell 104, for PHDH placement. The move was supervised by Sgt. Hamlett. The move began with SD Card 19-76. SD card 19-76 appeared to reach its capacity, and was immediately replaced with SD card 19-52, at approximately 1604, with no lapse in camera footage. Flooding and slippery conditions were noted throughout the unit. SD cards 19-76 and 19-52 were secured in the SED evidence locker. END

Print Name:

C. Underwood

Signature:

Print Title:

Sgt.

Badge #:

1673

Date of Report:

6/3/19

Time of Report:

1700

SPECIAL CUSTODY REPORT (Cont)

CUS-100
Effective
11-08
Page 2 of 2

Immediate Supervisor's Actions / Comments:

As noted

Print Name:

D. Handlett

Signature:

[Signature]

Print Title:

ST

Date Received:

6/3/19

Time Received:

1800

Shift Commander's Actions / Comments: (This section is not to be left blank.)

NOTED

Print Name:

[Signature]

Signature:

[Signature]

Print Title:

LT

Date Received:

06/03/19

Time Received:

1950

Correction Major Comments:

Print Name:

Signature:

Print Title:

Date Received:

Time Received:



State of New Jersey
DEPARTMENT OF CORRECTIONS
USE OF FORCE REPORT

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Effective 09/15
N.J.A.C.
10A:3-3.7
Page 1 of 2

Northern State Prison

To: Lt. F. Crowell Date of Report: 6/3/19
Shift Supervisor

From: Sgt. D. Hamlett
Supervisor/Officer

Inmate Name: Cecilia G. Housing Unit: ACSU 4W Cell 306

Inmate Number: 8106630 Date of Incident: 6/2/19 Time: 1445 PM

Location: ACSU 4Wing Cell 306 to Infirmary Cell 104

TYPE OF FORCE USED: (Check all that apply)

A. ☒ Physical Force

B. ☒ Mechanical Force

1. ☒ Chemical Agents - Type Used: MK-46 OC (Natural Agent)

2. ☒ Protective Equipment

a. ☒ Shield b. ☐ Other: _____

3. ☒ Restraint Devices

a. ☒ Handcuffs b. ☒ Leg Irons c. ☐ Waist Chains

d. ☐ Other: _____

Use of force, chemical agents, protective equipment, and/or application of restraint devices ordered by:

Name: D. Hamlett Title: Sgt.

Reason(s) for Use of Force or Mechanical Force:

(Designate as many as apply under the circumstance of the incident.)

- | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Subject displaying signs of imminent violence. | 5. <input type="checkbox"/> Admission of medications. |
| 2. <input type="checkbox"/> Subject attempting suicide/suicide precaution. | 6. <input type="checkbox"/> Subject destroying state property. |
| 3. <input type="checkbox"/> Admission or return to disciplinary housing unit. | 7. <input type="checkbox"/> Immediate necessity to prevent injury to subject or to others. |
| 4. <input type="checkbox"/> Subject demonstrating assaultive behavior. | |

8. ☒ Other: _____

The inmate was medically examined by:

Name: Ms. Mullings / Ms. Conolly Title: RN/Dr.

See Page 2

USE OF FORCE REPORT (Con't)

Signatures of Approving Officers on this page apply to information on all pages of this form. -- DO NOT SEPARATE PAGES.

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10A:3-3.7
Page 2 of 2

Total staff members involved (Including Team Member Numbers and Assignments for Cell Extractions)

Name of Staff Member	Title of Staff Member
R. Briggs	Ofc.
E. Munoz	Ofc.
E. Vick	Ofc.
P. PISZCZ	Ofc.
C. SEANSEAN	Ofc.

Explanation of the Incident:

(Be specific and detailed, address questions such as: How was the force used? Who used the force? Who authorized the force? What actions did you take during the incident? What actions of others did you observe? Etc.)

Inmate (arrested) was extracted from 4 wing for Baggins sprinklers. He was given a \$150, \$300, and a \$250. He is in the infirmary on PH104 call 104 status.

Injury sustained by Inmate:

Yes



No

If Yes, specify type of injury and subsequent treatment rendered:

Injury sustained by staff:

Yes



No

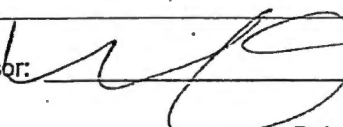
If Yes, specify type of injury and subsequent treatment rendered:

Additional Comments / continuation of previous narrative:

Date:

06/03/19

Signature of Shift Supervisor:



Report Received by: _____

Date: _____

Action Taken: _____

Copies to: Correction Major
Special Investigations

Copy of Medical Reports Attached
Copy of Medical Reports Attached

☐ Yes ☐ No
☐ Yes ☐ No

Print Form

Save As...

Reset Form

USE OF FORCE REPORT (Con't)

Signatures of Approving Officers on this page apply to information on all pages of this form. -- **DO NOT SEPARATE PAGES.**

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Total staff members involved (Including Team Member Numbers and Assignments for Cell Extractions)

Name of Staff Member	Title of Staff Member
McGuire, RN1619	SGT.

Explanation of the Incident:

(Be specific and detailed, address questions such as: How was the force used? Who used the force? Who authorized the force? What actions did you take during the incident? What actions of others did you observe? Etc.)

On the above date and time I assisted in the tier extraction of inmate Caridad from ACSU 4 wing 3 tier. I [REDACTED] As the inmate approached the gate I sprayed the MK-46 backing the inmate down the tier. [REDACTED] the suited team and I proceeded forward. At this time the inmate ran at the suited team and I deployed O/C to his center mass. The inmate continued to run toward the suited team until he ran into the officer assigned to be the shield position. The suited team were able to gain compliance, and secure the inmate. He was then escorted to the shower area to be decontaminated before being brought to medical. End of Report

Injury sustained by inmate:

☐ Yes ☒ No If Yes, specify type of injury and subsequent treatment rendered:

Injury sustained by staff:

☐ Yes ☒ No If Yes, specify type of injury and subsequent treatment rendered:

Additional Comments / continuation of previous narrative:

Date: 02/03/19

Signature of Shift Supervisor: [Signature]

Report Received by: _____

Date: _____

Action Taken: _____



State of New Jersey
DEPARTMENT OF CORRECTIONS

USE OF FORCE REPORT

CUS-102
Effective 09/15
N.J.A.C.
10A:3-3.7
Page 1 of 3

Northern State Prison

To: Major's Complex
Shift Supervisor

Date of Report: Jun 3, 2019

From: SGT. McGuire, R N1619
Supervisor/Officer

Inmate Name: Caridad, Gerry Housing Unit: 4W

Inmate Number: 810663D Date of Incident: Jun 3, 2019 Time: 1533 PM

Location: 4W 3 Tier

TYPE OF FORCE USED: (Check all that apply)

A. ☐ Physical Force

B. ☒ Mechanical Force

1. ☒ Chemical Agents - Type Used: Natural agent

2. ☐ Protective Equipment

a. ☐ Shield b. ☐ Other: _____

3. ☐ Restraint Devices

a. ☐ Handcuffs b. ☐ Leg Irons c. ☐ Waist Chains

d. ☐ Other: _____

Use of force, chemical agents, protective equipment, and/or application of restraint devices ordered by:

Name: McGuire, R. N1619

Title: SGT

Reason(s) for Use of Force or Mechanical Force:

(Designate as many as apply under the circumstance of the incident.)

1. ☒ Subject displaying signs of imminent violence.

5. ☐ Admission of medications.

2. ☐ Subject attempting suicide/suicide precaution.

6. ☐ Subject destroying state property.

3. ☐ Admission or return to disciplinary housing unit.

7. ☐ Immediate necessity to prevent injury to subject or to others.

4. ☐ Subject demonstrating assaultive behavior.

8. ☐ Other: _____

Other: _____

The inmate was medically examined by:

Name: Patrick

Title: RN

See Page 2

SPECIAL CUSTODY REPORT (Con't)

Signatures of Approving Officers on this page apply to information
on all pages of this form. **DO NOT SEPARATE PAGES.**

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Effective
11-2008
Page 2 of 2

Correction Major Comments: _____

Name: _____

Signature: _____

Date Received: _____

Time Received: _____

Print Form

Save As...

Email Form

Reset Form



State of New Jersey
Department of Corrections

Inmate Management
 PRELIMINARY INCIDENT REPORT

OIRPINCR

CUS-101
 Effective
 11/2008

19-8289

Page: 1 of 2

To: ADMINISTRATOR	Control#: 902690
From: DWAYNE HAMLETT, CPSGT	Incident Date: 06/03/2019
Report Dated: 06/03/2019 19:16:06	Incident Time: 14:45:00
Type of Incident: CELL EXTRACTION	Incident Location: CURA ACSU 4 WING

Inmates Involved:

Inmate Name	INM#	Location
CARIDAD, GERRY	845599	NSP-NORTH-SU-223

Staff Involved:

Staff Name
ROBERTO VILLAREAL, CPO
DWAYNE HAMLETT, CPSGT
EUGENE VICK, SCPO

A Brief Statement of Fact:

On the above date and time, I was notified by Ofc. Villareal N-7552 that Inmate Caridad Gerry 810663D was on ACSU 4 Wing 3rd tier popping fire sprinklers and flooding the tier. Inmate Caridad was given several chances to cuff up but he stated that he wasn't cuffing up. I notified Lt. Sobun and was told that a suit up team would be needed to extract Inmate Caridad off the tier. My suit up team consisted of the following officers: OFC. R. Briggs N3487 (Shield Man), Ofc. E. Munoz N3480 (#2 Right Arm/Handcuffs), Ofc. E. Vick (#3 Left Arm), Ofc. P. Piszcz (#4 Right Leg/Leg Iron), and Ofc. C. Sanjuan N7478 (#5 Left Leg). Sgt. C. Underwood N1673 was assigned to the camera and Sgt. McGuire was responsible for the use of the MK-46. We reported to 4 Wing and proceeded to the 3rd tier. I ordered Inmate Caridad to come to the fence and cuff up. Inmate Caridad refused and proceeded to approach the gate. Sgt. McGuire sprayed Inmate Caridad with the MK-46.

I ordered the team to extract him from the tier. Inmate Caridad was taken to the ground and secured after a brief scuffle. Once secured, Inmate Caridad was taken to the shower for decontamination and moved to ACSU Medical. RN Mullings treated Inmate Caridad and reported that he sustained [REDACTED]

[REDACTED] Upon completion, Inmate Caridad was escorted to Main Medical via camera move. Upon arrival, Inmate Caridad was treated by RN Patrick and Dr. Connolly. Inmate Caridad was moved to the firmery and placed in cell 104 without incident. Inmate Caridad was charged with *.150 (Tampering with fire equipment), *.306 (Conduct which disrupts), .256 (Refusing an order) and was placed on PHDH Status. End of Report



State of New Jersey
Department of Corrections
 Inmate Management
 PRELIMINARY INCIDENT REPORT

OIRPINCR

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To: ADMINISTRATOR
 From: DWAYNE HAMLETT, CPSGT
 Report Dated: 06/03/2019 19:16:06
 Type of Incident: CELL EXTRACTION

Control#: 902690
 Incident Date: 06/03/2019
 Incident Time: 14:45:00
 Incident Location: CURA
 Location: ACSU 4 WING

Related Special Report:

SD Cards #19-78 and #19-52

Action Taken by Primary Supervisor:

Staff Name:

D. Hamlett

Staff Signature:

[Signature]

Date:

6/3/19



State of New Jersey
DEPARTMENT OF CORRECTIONS
SPECIAL CUSTODY REPORT

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AS

Northern State Prison

To: (Name & Rank) Major's Complex

Control #: 19-828913

Subject: IM Caridad, Gerry #810663D Tier Extraction

Date of Incident: Jun 3, 2019 Time of Incident: 1530 PM

Location: 4 WING

Staff / Inmate Involved:

SGT McGuire, R. N1619

Describe the Incident:

On the above date and time I assisted in the tier extraction of inmate Caridad from ACSU 4 wing 3 tier. [REDACTED]
[REDACTED] As the inmate approached the gate I sprayed the MK-46 backing the inmate down the tier. [REDACTED]
[REDACTED] the suited team and I proceeded forward. At this time the inmate ran at the
suited team and I deployed O/C to his center mass. The inmate continued to run toward the suited team until he
ran into the officer assigned to be the shield position. The suited team were able to gain compliance, and secure
the inmate. He was then escorted to the shower area to be decontaminated before being brought to medical.
End of Report

Name: McGuire, R.

Signature: [Signature]

Title: SGT

Badge #: N1619

Date of Report: 06/03/19 Time of Report: 1750 PM

Immediate Supervisor's Actions / Comments:

Name: Sobun, B. N1391

Signature: _____

Title: LT

Date Received: Jun 3, 2019 Time Received: _____

Shift Commander's Actions / Comments: (This section is not to be left blank.)

[Signature]

Name: Crowell, F. N1227

Signature: [Signature]

Title: LT

Date Received: Jun 3, 2019 Time Received: 1950



State of New Jersey
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Northern State Prison

To: (Name & Rank) Major's Complex

Control #: 19-8281

Subject: I/M Caridad, Gerry #810663D

Date of Incident: Jun 3, 2019 Time of Incident: 1800 PM

Location: Infirmery 104

Staff / Inmate Involved:

Sgt. Comitini N1981

Describe the Incident:

On the above date and time, I recorded the medical assessment on I/M Caridad, Gerry #810663D conducted by Dr. Connolly ; A 2 man suit up team which consisted of Officer DiMichelle N3499 and Officer Wade N4618 under the supervision of Sgt. Falcon was present during the assessment. SD card #317 was used.

Name: Comitini

Signature: C. Comitini

Title: Sgt.

Badge #: N1981

Date of Report: Jun 3, 2019 Time of Report: 1835 PM

Immediate Supervisor's Actions / Comments: Reviewed..

Name: J. Reardon

Signature: J. Reardon

Title: Lt.

Date Received: Jun 3, 2019 Time Received: 1840

Shift Commander's Actions / Comments: (This section is not to be left blank.)

PLACED SIO EVIDENCE LOCKER

Name: F. Crowell

Signature: F. Crowell

Title: Lt.

Date Received: Jun 3, 2019 Time Received: 1950

Correction Major Comments:

Name: _____

Signature: _____

Date Received: _____

Time Received: _____